2009-2010

GIC BENEFIT DECISION GUIDE

Commonwealth of Massachusetts

Retirees & Survivors

Benefit changes for July 1, 2009

EVALUATE YOUR OPTIONS!



Your Benefits Connection



DEVAL L. PATRICK GOVERNOR OFFICE OF THE GOVERNOR

COMMONWEALTH OF MASSACHUSETTS

STATE HOUSE • BOSTON, MA 02133 (617) 725-4000

TIMOTHY P. MURRAY LIEUTENANT GOVERNOR

Spring 2009



Dear Colleagues:

In this year's Benefit Decision Guide, you will find important information about your benefits under the state's health care plans. Our goal remains to offer you and your family excellent benefits at affordable costs.

To achieve these goals, we will continue to work with the Group Insurance Commission (GIC) to improve quality and contain costs. The GIC will continue its leadership role in driving health care delivery improvements, quantifying differences in care and providing incentives by charging lower co-payments for those who use better-performing doctors and health care providers. Now more than ever it is important that we do all we can to control the cost of health care. Each of us has a part to play -- the GIC by designing programs to improve the system; the Administration and the Legislature by funding these programs responsibly; and you by being thoughtful and prudent consumers.

I urge you to read the **2009-2010 Benefit Decision Guide** thoroughly. Contact your current health plan (if you are not in Medicare), and other GIC health plans you are considering, to find out which tiers your doctors and hospitals are in. All enrollees can take advantage of other resources, including the GIC's website and health fairs, to research your options and make the best selections for you and your family. I thank you for your service to the Commonwealth. I look forward to continuing our work together to move Massachusetts forward.

Sincerely,

All enrollees should read: Annual Enrollment News 4 Maximize Your Non-Medicare Benefit Changes Effective July 1, 2009 6 State Retiree and Survivor Medicare Health Plan Rates Effective July 1, 2009 11 State Retiree and Survivor Non-Medicare Health Plan Rates Effective July 1, 2009 12 Retired Municipal Teacher (RMT) Life Insurance Rates Effective July 1, 2009 13 RMT Health Plan Rates Effective July 1, 2009......14 Find out about your Medicare health plan options: Find out about your Non-Medicare health plan options: Non-Medicare Health Plans22 Find out about other benefit options: Accidental Death & Dismemberment Life Insurance and AD&D Rates GIC Retiree Dental Plan Rates GIC Retiree Vision Discount Plan 33 Resources for additional information: 年度登記......34



IMPORTANT REMINDERS

- This Benefit Decision Guide contains important benefit changes effective July 1, 2009. *Review pages 4-7 for details*.
- Read the Weigh Your Options section on page 10 for important information to consider when selecting a health plan.
- Your annual enrollment forms are due to the GIC by May 15. Changes go into effect July 1, 2009.

The *Benefit Decision Guide* is an overview of GIC benefits and is not a benefit handbook. Contact the plans or see the GIC's website for plan handbooks.



This symbol indicates that benefits are not available to GIC Elderly Governmental Retirees (EGRs) and Retired Municipal Teachers (RMTs)

In Memoriam

Nancy Bolduc

Director of Operations Group Insurance Commission



This year's annual enrollment is dedicated to Nancy Bolduc, who made the whole process run like clockwork. She organized and attended every one of the health fairs, trained the staff, and made sure that members' insurance cards got mailed. All year long, she solved problems large and small for members, their families, agency coordinators, and plan representatives. She treated all of them exactly the same – firmly, fairly, and honestly. She gave us her best for 47 years and left us too soon.

Frequently Asked Questions

Q I'm turning age 65; what do I need to do?

A If you are age 65 or over, call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. *If you are eligible and are retired, you must enroll in Medicare Parts A and B* to continue coverage with the GIC.

If you are eligible and continue working after age 65, you should NOT enroll in Medicare Part B until you (the insured) retire.

See the GIC's website for answers to other frequently asked questions:

www.mass.gov/gic

The spouse of an active employee who is 65 or over should not sign up for Medicare Part B until you (the insured) retire. Due to federal law, different rules apply for same-sex spouses; see our website for details.

Most enrollees should not sign up for Medicare Part D. See page 15 for more information.

Q I'm retired, but not age 65. My spouse is turning age 65; what should my spouse do?

A Your spouse must call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If eligible, he/she must enroll in Medicare Parts A and B to continue coverage with the GIC. See page 8 for health plan combination options.

Q If I die, is my surviving spouse eligible for GIC health insurance?

A If you (the state retiree) have coverage through the GIC at the time of your death, your surviving spouse is eligible for GIC health insurance coverage until he/she remarries or dies, regardless of your retirement benefit option (A, B or C).



Failure to provide timely notification of personal information changes may affect your insurance coverage and may result in your being billed for services provided to you or a family member. Please write to the GIC if any of the following changes occur:

- Marriage or remarriage
- Remarriage of a former spouse
- Legal separation
- Divorce
- Address change
- Dependent turning age 19
- Dependent age 19 and over who ceases to be a full-time student, withdraws from school, graduates, is on a medical leave of absence from school or a medical leave of absence ends, ceases to be an IRS Dependent, or ceases to be a Non-IRS Dependent
- Marriage of a covered dependent
- Death of an insured
- Death of a covered spouse, dependent or beneficiary
- Life insurance beneficiary change
- Birth or adoption of a child
- Legal guardianship of a child
- You have GIC COBRA coverage and become eligible for other coverage

You may be held personally and financially responsible for failure to notify the GIC of family status changes.



Annual enrollment gives you an opportunity to review your options and select a new health plan.

Municipal teachers (RMTs) retiring in June 2009 have until June 15, 2009 to select their coverage.

Retirees, survivors, deferred retirees, and former employees who have continued to pay for health coverage through the state's 39-week option or the federal COBRA option, GIC Retired Municipal Teachers (RMTs) and Elderly Governmental Retirees (EGRs)

IF YOU HAVE MEDICARE:

You may enroll in or change your selection of one of these plans:

- Fallon Senior Plan
- Harvard Pilgrim Medicare Enhance
- Health New England MedPlus
- Tufts Health Plan Medicare Complement
- Tufts Health Plan Medicare Preferred
- UniCare State Indemnity Plan/Medicare Extension (OME)

You may enroll in... Retiree Dental Plan
You may apply for*... Health Insurance Buy-Out

By submitting by May 15...

- Written request to the GIC asking for the change, including your name, address and GIC Identification Number
- Retiree Dental Form to the GIC (if selected)

Once you choose a health plan, you cannot change plans until the next annual enrollment, unless you move out of the plan's service area or become eligible for Medicare (in which case, you must switch plans).

Enrollment and application forms are available on our website: www.mass.gov/gic, at the GIC health fairs, and by calling or writing to the GIC.



If you want to keep your current GIC health plan, you do not need to fill out any paperwork. Your coverage will continue automatically.

Retirees, survivors, deferred retirees, and former employees who have continued to pay for health coverage through the state's 39-week option or the federal COBRA option

IF YOU DO NOT HAVE MEDICARE:

You may enroll in or change your selection of one of these health plans:

- Fallon Community Health Plan Direct Care
- Fallon Community Health Plan Select Care
- Harvard Pilgrim Independence Plan
- Health New England
- Navigator by Tufts Health Plan
- NHP Care (Neighborhood Health Plan)
- UniCare State Indemnity Plan/Basic
- UniCare State Indemnity Plan/Community Choice
- UniCare State Indemnity Plan/PLUS

You may enroll in... Retiree Dental Plan
You may apply for*... Health Insurance Buy-Out

By submitting by May 15...

Enrollment forms to the GIC

GIC Retired Municipal Teachers (RMTs) and Elderly Governmental Retirees (EGRs)

IF YOU DO NOT HAVE MEDICARE...

You may enroll in or change your selection of one of these health plans:

- Fallon Community Health Plan Direct Care
- Fallon Community Health Plan Select Care
- Health New England
- NHP Care (Neighborhood Health Plan)
- UniCare State Indemnity Plan/Basic

You may enroll in... Retiree Dental Plan
You may apply for*... Health Insurance Buy-Out

By submitting by May 15...

Enrollment forms to the GIC

^{*} Former employees who have continued to pay for health coverage through the state's 39-week option or the federal COBRA option are not eligible for the health insurance buy-out.

Our Challenge

Health care costs continue to skyrocket. Nationally:

- Health premiums rose 6.3% in 2008 after benefit changes
- Without benefit changes, health premiums will rise on average at least 8% in 2009

The GIC has continued to match or beat these market trends with minimal benefit changes:

- FY09 increase 6.37%
- FY08 increase 3.75%
- FY07 increase 7.30%

But, rising costs and contracting state revenues pose formidable challenges. Even so, FY10 premiums will increase by only 3.19%.

Why are the GIC's health care costs rising?

- New technology
- Aging population
- Overuse of some services (e.g., radiology and heavily advertised brand drugs)
- Lower cost community hospitals being squeezed utilization of more expensive teaching hospitals is two and one-half times the national average
- Addition of municipalities=more enrollees
- Increased waistlines and other unhealthy lifestyle choices

What do many other employers do to contain costs?

- Reduce coverage (example: eliminate retiree coverage)
- Eliminate choice of plans and/or providers
- Implement high-deductible plans (example: \$1,000-\$5,000 deductibles before benefits begin)
- Institute co-insurance (example: member pays 20% of the cost of service)

The GIC has taken a different approach:

- Share responsibility for reducing costs and improving quality—providers, members, health plans, and the GIC
- Maintain comprehensive benefits and choice
- Emphasize health care quality and safety
- Adopt modest member share increases
- Educate members about provider performance
- Encourage healthy behavior
- Maintain retiree health benefits

With the GIC's Clinical Performance Improvement (CPI) Initiative *for Non-Medicare Health Plans*, members pay lower copays for providers with the highest combined quality and efficiency scores:

- ★★★ Tier 1 (excellent)
- ★★ Tier 2 (good)
 - ★ Tier 3 (standard)

Physicians for whom there is not enough data and non-tiered specialists are assigned a plan's Tier 2 level copay.

For FY10, *Non-Medicare* health plans will tier additional specialties:

- Pulmonology/Pulmonary Disease
- ENT/Otolaryngology

How are physician tiers determined?

Based on a thorough analysis of physician claims, GIC health plans assign physicians to tiers according to how they score on nationally recognized measures of quality

and efficiency.

Why Are Some Copays Going Up?

There are three reasons for rising copays: 1) Provider prices are going up 2) Premium increases are relatively low this year, and 3) Everyone needs to share in meeting the Commonwealth's budget challenges.

Non-Medicare Health Plan Benefit Changes

To address the anticipated GIC budget shortfall, there will be changes in some Non-Medicare health plan copays. See pages 6 and 7 for details:

- Retail prescription drug copays \$10/\$25/\$50; mail order copays \$20/\$50/\$110
- Increased specialist office visits by \$5 for each tier for most plans; small increase in Primary Care Physician copays for some plans
- Increased copays and tiered structure for inpatient hospital copays – Harvard Pilgrim Independence Plan, Navigator by Tufts Health Plan and UniCare State Indemnity Plan/PLUS
- Introduction of high-tech imaging (e.g., MRI, CT and PET scans) copay of \$75
- Emergency Room copay of \$75
- Increased or tiered outpatient surgery copays Harvard Pilgrim Independence Plan, Navigator by Tufts Health Plan and UniCare/PLUS

Medicare Health Plan Benefit Changes:

Retail prescription drug copays \$10/\$25/\$50; mail order copays \$20/\$50/\$110

DURING Annual Enrollment:

Contact the health plans you're considering to see which copays you would pay for your doctors and hospitals.



AFTER Annual Enrollment:

- Be an informed consumer!
- Tier 1 and Tier 2 physicians have lower copays.
- Before you visit a doctor or are admitted to the hospital (non-emergency), find out your copay for the doctor or hospital.

Choosing a
HEALTH PLAN

During annual enrollment, "Julie" checked out which tier her own, her husband's and her children's doctors would be in as of July 1 in some of the GIC's health plans.

She found out that the doctors she and her family see most are Tier 1 in the

She found out that the doctors she and her family see most are Tier 1 in the UniCare State Indemnity Plan/PLUS and the UniCare State Indemnity Plan/Community Choice. However, the hospitals they use have a lower copay in the Community Choice Plan and her premium will be lower in that plan. She decides to change to the UniCare State Indemnity Plan/Community Choice during annual enrollment.

Choosing a

DOCTOR OR HOSPITAL

"Mike" was told he needs surgery. He is in Navigator by Tufts Health Plan and talks to his surgeon to find out which hospitals the surgeon recommends for his care. He contacts Tufts Health Plan to find out which copay tier the recommended hospitals are in. He elects to receive care at a Tier 1 hospital and saves money by doing so.

"George" is a member of the Harvard Pilgrim Independence Plan. He needs to see a dermatologist and finds out that the doctor his internist recommended is in Tier 3. On Harvard Pilgrim's website, he finds two dermatologists in his area who are in Tier 1. He calls his internist to find out whether she recommends either of the two physicians. She highly recommends one of the doctors and George books an appointment with that dermatologist.





MEDICARE HEALTH PLANS	IN-NETWORK COPAY AND BENEFIT CHANGES (See pages 16-21 for other health plan copays)
Harvard Pilgrim Medicare Enhance	(See pages 16-21 for other health plan copays) Retail clinic copay: \$10
Transact Fingrilli Medicare Elifiance	Prescription drug copay: Tier 2: \$25 retail; \$50 mail order Tier 3: \$50 retail; \$110 mail order
Health New England MedPlus	 Retail clinic copay: \$10 Prescription drug copay: Tier 2: \$25 retail; \$50 mail order Tier 3: \$50 retail; \$110 mail order
Tufts Health Plan Medicare Complement	 Retail clinic copay: \$10 Prescription drug copay: Tier 1: \$10 retail; \$20 mail order
UniCare State Indemnity Plan/ Medicare Extension (OME)	 Retail clinic: 100% after \$35 annual deductible Prescription drug copay: Tier 1: \$10 retail; \$20 mail order
NON-MEDICARE HEALTH PLANS	IN-NETWORK COPAY AND BENEFIT CHANGES (See pages 22-30 for other health plan copays)
Fallon Community Health Plan Direct Care and Select Care See additional plan-specific changes below Fallon Community Health Plan Direct Care	 High-tech imaging copay: \$75 (maximum one copay per day) Prescription drug copay Tier 3: \$50 retail; \$110 mail order Mandatory generics implemented (see page 15 for description) Specialist office visit copay: \$20 Retail clinic copay: \$10
Fallon Community Health Plan Select Care	 Specialist office visit copay: *** Tier 1: \$20 ** Tier 2: \$30 * Tier 3: \$40 Retail clinic copay: \$15
Harvard Pilgrim Independence Plan	 ■ Specialist office visit copay: ** Tier 2: \$30 * Tier 3: \$40 ■ Emergency Room copay: \$75 ■ Retail clinic copay: \$15 ■ Inpatient hospital copay per admission: Tier 1: \$250 Tier 2: \$500 Tier 3: \$750 ■ Outpatient surgery copay per occurrence: \$150 ■ High-tech imaging copay: \$75 (maximum one copay per day) ■ Prescription drug copay: Tier 2: \$25 retail; \$50 mail order Tier 3: \$50 retail; \$110 mail order
Health New England	 Primary Care Physician office visit copay – no tiering: \$15 Specialist office visit copay: *** Tier 1: \$20 ** Tier 2: \$30 * Tier 3: \$40 Retail clinic copay: \$15 High-tech imaging copay: \$75 (maximum one copay per day) Prescription drug copay: Tier 2: \$25 retail; \$50 mail order Tier 3: \$50 retail; \$110 mail order Physical Therapy/Occupational Therapy office visit copay: \$20

NON-MEDICARE HEALTH PLANS	IN-NETWORK COPAY AND BENEFIT CHANGES (See pages 22-30 for other health plan copays)
Navigator by Tufts Health Plan	 Specialist office visit copay: *** Tier 1: \$20 ** Tier 2: \$30 * Tier 3: \$40 Emergency Room copay: \$75 Retail clinic copay: \$15 Inpatient hospital copay per admission: Tier 1: \$300 Tier 2: \$700 Outpatient surgery copay per occurrence: \$150 High-tech imaging copay: \$75 (maximum one copay per day) Prescription drug copay: Tier 2: \$25 retail; \$50 mail order Tier 3: \$50 retail; \$110 mail order Physical Therapy/Occupational Therapy: maximum 30 visits per calendar year Speech Therapy office visit copay: \$15 Preauthorization required for out-of-network inpatient and outpatient mental health/substance abuse care
NHP Care (Neighborhood Health Plan)	
UniCare State Indemnity Plan/ Basic, Community Choice, and PLUS See additional plan-specific changes below	 Emergency Room copay: \$75 Retail clinic copay: \$15 High-tech imaging copay: \$75 (maximum one copay per day) Prescription drug copay: Tier 1: \$10 retail; \$20 mail order
UniCare State Indemnity Plan/Basic	 Primary Care Physician office visit copay: ** Tier 2: \$25 * Tier 3: \$30 Specialist office visit copay: ** Tier 1: \$15 ** Tier 2: \$25 * Tier 3: \$35
UniCare State Indemnity Plan/ Community Choice	 Primary Care Physician office visit copay: ** Tier 2: \$25 * Tier 3: \$30 Specialist office visit copay: ** Tier 1: \$20 ** Tier 2: \$25 * Tier 3: \$40 Inpatient hospital copay per admission: \$250
UniCare State Indemnity Plan/PLUS	 Primary Care Physician office visit copay: ** Tier 2: \$25 * Tier 3: \$30 Specialist office visit copay: ** Tier 1: \$20 ** Tier 2: \$25 * Tier 3: \$40 Inpatient hospital copay per admission: Tier 2: \$500 Tier 3: \$750 Outpatient surgery copay per occurrence: Tier 2: \$100 Tier 3: \$250

Medicare Guidelines

Medicare is a federal health insurance program for retirees age 65 or older and certain disabled people. Medicare Part A covers inpatient hospital care, some skilled nursing facility care and hospice care. Medicare Part B covers physician care, diagnostic x-rays and lab tests, and durable medical equipment.

When you or your spouse is age 65 or over, or if you or your spouse is disabled, visit your local Social Security Administration office to find out if you are eligible for free Medicare Part A coverage.

If you (the insured) continue working after age 65, you and/or your spouse should NOT enroll in Medicare Part B until you (the insured) retire. Due to federal law, different rules apply for same-sex spouses; see our website for details.



When you (the insured) retire:

- If you and/or your spouse are eligible for Part A for free, state law requires that you and/or your spouse must enroll in Medicare Part A and Part B to be covered by the GIC.
- You must join a Medicare plan sponsored by the GIC to continue health coverage. These plans provide comprehensive coverage for some services that Medicare does not cover. If both you and your spouse are Medicare eligible, both of you must enroll in the same Medicare plan.
- You MUST continue to pay your Medicare Part B premium. Failure to pay this premium will result in the loss of your GIC coverage.

Retiree and Spouse Coverage if Under and Over Age 65

If you (the retiree), your spouse or other covered dependent is younger than age 65, the person or people under age 65 will continue to be covered under a non-Medicare plan until you and/or he/she becomes eligible for Medicare.

If this is the case, you must enroll in one of the pairs of plans listed below:

Health Plan Combination Choices – State retirees, deferred retirees and former employees receiving continuation coverage

NON-MEDICARE PLAN	MEDICARE PLAN
Fallon Community Health Plan Direct Care	Fallon Senior Plan
Fallon Community Health Plan Select Care	Fallon Senior Plan
Harvard Pilgrim	Harvard Pilgrim Medicare
Independence Plan	Enhance
Health New England	Health New England MedPlus
Navigator by Tufts Health	Tufts Health Plan Medicare
Plan	Complement
Navigator by Tufts Health	Tufts Health Plan Medicare
Plan	Preferred
UniCare State Indemnity	UniCare State Indemnity Plan/
Plan/Basic	Medicare Extension (OME)
UniCare State Indemnity	UniCare State Indemnity Plan/
Plan/Community Choice	Medicare Extension (OME)
UniCare State Indemnity	UniCare State Indemnity Plan/
Plan/PLUS	Medicare Extension (OME)

Health Plan Combination Choices – GIC Retired Municipal Teachers (RMTs who do not participate in the municipal health-only program) and Elderly Governmental Retirees (EGRs)

NON-MEDICARE PLAN	MEDICARE PLAN
Fallon Community Health Plan Direct Care	Fallon Senior Plan
Fallon Community Health Plan Select Care	Fallon Senior Plan
Health New England	Health New England MedPlus
UniCare State Indemnity Plan/Basic	UniCare State Indemnity Plan/ Medicare Extension (OME)

How to Calculate Your Rate

See Rate charts on pages 11-14.

Medicare Family

Find the "Retiree Pays Monthly" rate for the Medicare plan in which you are enrolling and double it for your monthly rate.

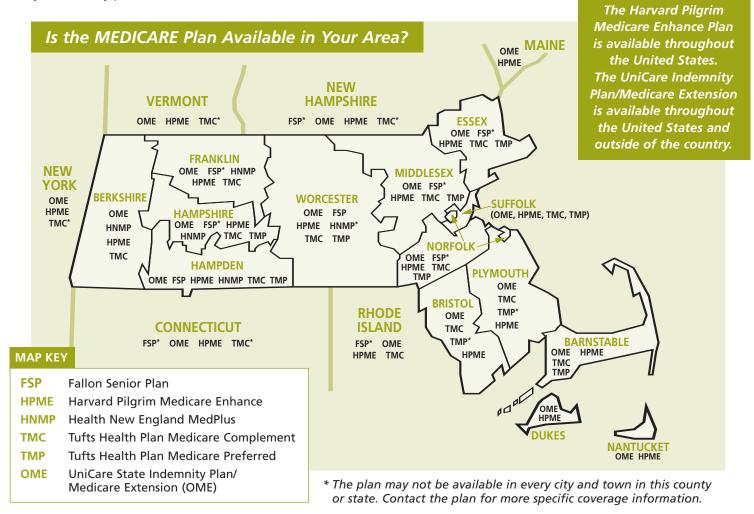
Retiree and Spouse Coverage if Under and Over Age 65

- Find the "Retiree Pays Monthly" premium for the Medicare Plan in which the Medicare retiree or spouse will be enrolling.
- 2. Find the "Retiree Pays Monthly" individual coverage premium for the Non-Medicare Plan in which the Non-Medicare retiree or spouse will be enrolling.
- **3.** Add the two premiums together; this is what you will pay monthly.

If you have one Medicare enrollee and two or more Non-Medicare enrollees, add the Medicare premium to the Non-Medicare family coverage premium to calculate your monthly premium.

Helpful Reminders

- Call or visit your local Social Security office for more information about Medicare benefits.
- HMO Medicare plans require you to live in their service area. See the chart below.
- You may change GIC Medicare plans only during annual enrollment, unless you move out of your plan's service area. Note: Even if your doctor or hospital drops out of your Medicare HMO, you must stay in the HMO until the next annual enrollment.
- Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2010. These plans automatically include Medicare Part D prescription drug benefits. Contact the plans for additional details.



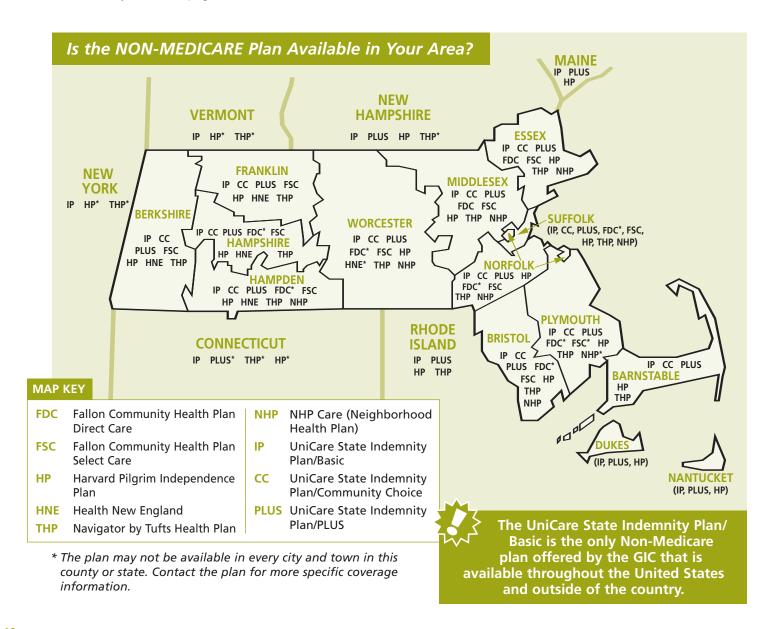
Weigh Your Options During Annual Enrollment

- Determine which plans you are eligible for: see the map below for Non-Medicare Plans and page 9 for Medicare plan locations. See each health plan page for eligibility details.
- Review the health plan pages 16-30 for an overview of your health plan options, their structure, and most frequently used service copays and deductibles.

Weigh the following:

- Are there out-of-network benefits and do you need them?
- Do you prefer having a Primary Care Physician who is required to coordinate your care?
- Monthly rates (see pages 11-12 and 14).

- Contact the health plans you are considering to find out:
 - Information on other health plan benefits, such as mental health, hearing aids, weight loss programs and more that are not described in this guide
 - If your doctors and hospitals are in the network
 - Which copay tiers your doctors and hospitals are in (only applies to Non-Medicare plans)
- Attend a GIC health fair and see the GIC's website for additional information (see pages 34 and 35).



Monthly GIC Plan Rates as of July 1, 2009

MEDICARE PLANS	MEDICARE RETIREES Retired on or before July 1, 1994 and Survivors ^{1, 2}	MEDICARE RETIREES Retired after July 1, 1994	
	10%	15%	
Basic Life Insurance Only \$5,000 coverage	\$ 0.69	\$ 1.03	
HEALTH PLAN (Premium includes Basic Life Insurance)	Retiree/Survivor Pays Monthly Per Person	Retiree Pays Monthly Per Person	
Fallon Senior Plan ³	\$ 20.64	\$ 30.96	
Harvard Pilgrim Medicare Enhance	35.57	53.35	
Health New England MedPlus	36.91	55.35	
Tufts Health Plan Medicare Complement	32.75	49.12	
Tufts Health Plan Medicare Preferred ³	18.44	27.66	
UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC (Comprehensive)	45.39	62.79	
UniCare State Indemnity Plan/ Medicare Extension (OME) without CIC (Non-Comprehensive)	34.81	52.21	

¹ Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.69 from "Retiree/Survivor Pays Monthly" premium.



² Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

³ Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2010.

Monthly GIC Plan Rates as of July 1, 2009

NON-MEDICARE PLANS Select	NON-MEDICARE RETIREES Retired on or before July 1, 1994 and Survivors ^{1, 2}		NON-MEDICARE RETIREES Retired after July 1, 1994	
& Save quality, value.	10%		15%	
Basic Life Insurance Only \$5,000 coverage	\$0.69		\$1.0	3
HEALTH PLAN	Retiree/Survivor	Pays Monthly	Retiree Pays	Monthly
(Premium includes Basic Life Insurance)	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	\$ 41.13	\$ 97.75	\$ 61.69	\$146.61
Fallon Community Health Plan Select Care	49.73	118.38	74.58	177.56
Harvard Pilgrim Independence Plan	53.15	127.64	79.71	191.46
Health New England	43.66	107.20	65.48	160.79
Navigator by Tufts Health Plan	52.43	125.35	78.63	188.02
NHP Care (Neighborhood Health Plan)	42.24	110.79	63.35	166.18
UniCare State Indemnity Plan/ Basic with CIC (Comprehensive)	109.06	253.22	145.88	338.74
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	73.65	171.07	110.47	256.59
UniCare State Indemnity Plan/ Community Choice	41.68	99.07	62.52	148.60
UniCare State Indemnity Plan/PLUS	53.76	127.34	80.63	191.00

¹ Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.69 from "Retiree/Survivor Pays Monthly" premium.



² Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

Retired Municipal Teacher (RMT) Life Insurance Rates

Monthly GIC Plan Rates as of July 1, 2009

BASIC LIFE INSURANCE

	City/Town/School District (SD)		RMT Pays Monthly
Basic Life: \$1,000 Coverage			\$0.90
Andover Blackstone Valley Regional SD Bridgewater Gloucester Granby	Hampden-Wilbraham Regional SD Narragansett Regional SD Newbury Orange Paxton	Pelham Pioneer Valley Regional SD Plainville Salisbury Wilbraham	
Basic Life: \$2,000 Coverage			0.90
Amherst Amherst-Pelham Regional SD Barnstable Cohasset Dennis Lawrence Martha's Vineyard Regional SD	Milton Monson North Andover Quabbin Regional SD Rehoboth Rockland Shawsheen Valley Regional SD	Stoughton Upper Cape Cod Regional SD Ware West Springfield Whitman-Hanson SD	
Basic Life: \$4,000 Coverage			1.80
Rockport			
Basic Life: \$5,000 Coverage			2.25
Amesbury Billerica Bourne Dedham Eastham Everett Greater Lawrence Regional SD Harvard Hingham	Holyoke Hudson Medford Montague North Adams North Attleboro North Middlesex Regional SD Norwell Revere	Rutland Salem Spencer Wareham West Bridgewater Westfield Woburn	
Basic Life: \$10,000 Coverage			4.50
Braintree			
Basic Life: \$15,000 Coverage			6.75
Spencer-East Brookfield Regional	SD		

Retired Municipal Teacher (RMT) Health Plan Rates

How to calculate your Monthly Premium as of July 1, 2009

- 1 Find the city, town or the school district from which you retired on the life insurance rate chart on page 13.
- **2** Locate your "RMT Pays Monthly" rate for life insurance.
- 3 Add that amount to the "RMT Pays Monthly" rate below for the health plan you are interested in to determine your monthly health and life insurance premium.

MEDICARE PLANS ¹	RETIRED MUNICIPAL TEACHERS (RMTS)
	10%
HEALTH PLAN	RMT Pays Monthly Per Person Coverage
Fallon Senior Plan ²	\$ 19.95
Harvard Pilgrim Medicare Enhance	34.88
Health New England MedPlus	36.22
Tufts Health Plan Medicare Complement	32.06
Tufts Health Plan Medicare Preferred ²	17.75
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	45.24
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-comprehensive)	33.02

NON-MEDICARE PLANS¹

RETIRED MUNICIPAL TEACHERS (RMTS)

quality. value.	10	%
HEALTH PLAN	RMT Pays Monthly Individual Coverage	RMT Pays Monthly Family Coverage
Fallon Community Health Plan Direct Care	\$ 40.44	\$ 97.06
Fallon Community Health Plan Select Care	49.04	117.69
Health New England	42.97	106.51
NHP Care (Neighborhood Health Plan)	41.55	110.10
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	116.49	282.28
UniCare State Indemnity Plan/Basic without CIC (Non-comprehensive)	74.01	177.94

¹ RMTs from Peabody – call the GIC for monthly rates.

² Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2010.

Prescription Drug Benefits



Medicare Part D Prescription Drug Reminders and Warnings

For most GIC Medicare enrollees, the drug coverage you currently have through your GIC health plan is a better value than the federal Medicare Part D drug plans being offered. Therefore, you should not enroll in a federal Medicare drug plan.

- A "Creditable Coverage Notice" is in your plan handbooks and is also available on our website. It provides proof that you have comparable or better coverage than Medicare Part D. If you should later enroll in a Medicare drug plan because of changed circumstances, you must show this notice to the Social Security Administration to avoid paying a penalty. Keep this notice with your important papers.
- If you are a member of one of our Medicare Advantage plans (Fallon Senior Plan and Tufts Health Plan Medicare Preferred), your plan automatically includes Medicare Part D coverage. If you enroll in another Medicare Part D drug plan, the Centers for Medicare and Medicaid Services will automatically dis-enroll you from your GIC Medicare Advantage health plan, which includes both your medical and your drug coverage.
- If you have limited income and assets, the Social Security Administration offers help paying for Medicare prescription drug coverage; this may be the one case where signing up for a Medicare Part D plan may work for you. Help is available online at www.ssa.gov or by phone at 1.800.772.1213.

Drug Copayments

All GIC health plans provide benefits for prescription drugs using a three-tier copayment structure in which your copayments vary depending on the particular drug dispensed. The following descriptions will help you understand your prescription drug copayment levels. Contact plans you are considering with questions about your specific medications. See pages 16-30 for the corresponding copayment information.

Tier 1 (Generics): This tier is primarily made up of generic drugs, although some brand name drugs may be included. Generic drugs are approved by the FDA and cost less because they do not have the same marketing and research expenses of brand name drugs.

Tier 2 (Preferred Brand Name): This tier is primarily made up of brand name drugs, selected based on reviews of the relative safety, effectiveness and cost of the many brand name drugs on the market. Costly generics may also be included.

Tier 3 (Non-Preferred Brand Name): This tier is primarily made up of brand name drugs not included in Tier 1 or Tier 2. They have generic or brand name alternatives in Tiers 1 or 2.

Prescription Drug Programs

Some GIC plans, including the UniCare State Indemnity Plans' prescription drug program managed by Express Scripts, have the following programs to encourage the use of safe, effective and less costly prescription drugs. Contact plans you are considering to find out details about these programs:

- Step Therapy This program requires the use of effective, less costly drugs before more expensive alternatives will be covered.
- Mandatory Generics When filling a prescription for a brand name drug for which there is a generic equivalent, you will be responsible for the cost difference between the brand name drug and the generic, plus the generic copay.
- Specialty Drug Pharmacies If you are prescribed specialty medications, primarily injectable drugs for conditions such as hepatitis C, rheumatoid arthritis, infertility, and multiple sclerosis, you'll need to use a specialized pharmacy which can provide you with 24-hour clinical support, education and side effect management. Medications are delivered to your home or doctor's office.



Tip for Reducing Your Prescription Drug Costs

Use Mail Order: Are you taking prescription drugs for a long-term condition, such as asthma, high blood pressure or high cholesterol? Switch your prescription from a retail pharmacy to mail order. It can save you money – up to one copay for three months of medication. *See pages 16-30 for copay details.* Once you begin mail order, you can conveniently order refills by phone or Internet. Contact your plan for details.

FALLON SENIOR PLAN

Plan Overview

Fallon Senior Plan is a Medicare Advantage HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Fallon Senior Plan is a Medicare plan under contract with the federal government that includes Medicare Part D prescription drug benefits. Contact the plan to see if your provider is in the network. This Medicare plan's benefits and rates are subject to change January 1, 2010.

Benefits Effective January 1, 2009

- Physician Office Visit and Preventive Care 100% after \$10 per visit
- Outpatient Mental Health and Substance Abuse Care

100% after \$10 per visit

- Inpatient Hospital Care 100%
- Inpatient and Outpatient Surgery 100%
- **■** Emergency Room

100% after \$50 copay per visit (waived if admitted)

Prescription Drug Copayments

Retail up to 30-day supply:	90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$20	Tier 2: \$40
Tier 3: \$40	Tier 3: \$80

Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Fallon Senior Plan is available throughout the following Massachusetts counties:

Hampden Worcester

Fallon Senior Plan is available in *parts of* the following Massachusetts counties; contact the plan for more specific coverage information:

Essex Middlesex Franklin Norfolk

Hampshire

Coverage may be available in *some* cities and towns of the following states; contact the plan for more specific coverage information:

Connecticut Rhode Island New Hampshire

Monthly Rates as of January 1, 2009

See pages 11 and 14.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Fallon Senior Plan

1.866.344.4442 www.fchp.org

HARVARD PILGRIM MEDICARE ENHANCE

Plan Overview

Harvard Pilgrim Medicare Enhance is a supplemental Medicare plan, offering coverage for services provided by any licensed doctor or hospital throughout the United States that accepts Medicare payment.

Benefits Effective July 1, 2009

- Physician Office Visit and Preventive Care 100% after \$10 per visit
- Retail Clinic 100% after \$10 per visit
- Outpatient Mental Health and Substance Abuse Care

100% after \$10 per visit

- Inpatient Hospital Care 100%
- Inpatient and Outpatient Surgery 100%
- Emergency Room 100% after \$50 copay per visit (waived if admitted)

Prescription Drug Copayments

Retail up to	Mail Order up to
30-day supply:	90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$25	Tier 2: \$50
Tier 3: \$50	Tier 3: \$110

Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B are eligible, regardless of where they live in the United States.

Service Area

The Harvard Pilgrim Medicare Enhance Plan is available throughout the United States.

Monthly Rates as of July 1, 2009

See pages 11 and 14.

Plan Contact Information

Contact the plan for additional information.

Harvard Pilgrim Medicare Enhance 1.800.542.1499 www.harvardpilgrim.org

HEALTH NEW ENGLAND MEDPLUS

Plan Overview

Health New England MedPlus is a Medicare HMO option that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency and urgent care. Contact the plan to see if your provider is in the network.

Benefits Effective July 1, 2009

- Physician Office Visit and Preventive Care 100% after \$10 per visit
- Retail Clinic 100% after \$10 per visit
- Outpatient Mental Health and Substance Abuse Care

100% after \$10 per visit

- Inpatient Hospital Care 100%
- Inpatient and Outpatient Surgery 100%
- Emergency Room 100% after \$50 copay per visit (waived if admitted)

Prescription Drug Copayments

Retail up to	Mail Order up to
30-day supply:	90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$25	Tier 2: \$50
Tier 3: \$50	Tier 3: \$110

Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Health New England MedPlus is available throughout the following Massachusetts counties:

Berkshire Hampden Franklin Hampshire

Health New England MedPlus is available in *parts of* the following Massachusetts county; contact the plan for more specific coverage information:

Worcester

Monthly Rates as of July 1, 2009

See pages 11 and 14.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Health New England MedPlus

1.800.842.4464 www.hne.com

TUFTS HEALTH PLAN MEDICARE COMPLEMENT

Plan Overview

Tufts Health Plan Medicare Complement is a supplemental Medicare HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency and urgent care. Contact the plan to see if your provider is in the network.

Benefits Effective July 1, 2009

- Physician Office Visit and Preventive Care 100% after \$10 per visit
- Retail Clinic 100% after \$10 per visit
- Outpatient Mental Health and Substance Abuse Care

100% after \$10 per visit

- Inpatient Hospital Care 100%
- Inpatient and Outpatient Surgery 100%
- Emergency Room 100% after \$50 copay per visit (waived if admitted)

Prescription Drug Copayments

Retail up to

30-day	supply:	90-day	supply:
Tier 1:	\$10	Tier 1:	\$20
Tier 2:	\$25	Tier 2:	\$50
Tier 3:	\$50	Tier 3:	\$110

Mail Order up to

Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Tufts Health Plan Medicare Complement is available throughout the following Massachusetts counties:

Barnstable Hampshire
Berkshire Middlesex
Bristol Norfolk
Essex Plymouth
Franklin Suffolk
Hampden Worcester

The plan is also available in the following other state:

Rhode Island

Coverage may be available in *some* cities and towns of the following states; contact the plan for more specific coverage information:

Connecticut New York
New Hampshire Vermont

Monthly Rates as of July 1, 2009

See pages 11 and 14.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Tufts Health Plan Medicare Complement 1.888.333.0880 www.tuftshealthplan.com

TUFTS HEALTH PLAN MEDICARE PREFERRED

Plan Overview

Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan under contract with the federal government that includes Medicare Part D prescription drug benefits. Contact the plan for details and to see if your provider is in the network. This Medicare plan's benefits and rates are subject to change January 1, 2010.

Benefits Effective January 1, 2009

- Physician Office Visit and Preventive Care 100% after \$10 per visit
- Outpatient Mental Health and Substance Abuse Care

100% after \$10 per visit

- Inpatient Hospital Care 100%
- Inpatient and Outpatient Surgery 100%
- Emergency Room 100% after \$50 copay per visit (waived if admitted)

Prescription Drug Copayments

Retail up to	Mail Order up to
30-day supply:	90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$20	Tier 2: \$40
Tier 3: \$40	Tier 3: \$80

Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Tufts Health Plan Medicare Preferred is available throughout the following Massachusetts counties:

Barnstable Middlesex
Essex Norfolk
Hampden Suffolk
Hampshire Worcester

Tufts Health Plan Medicare Preferred is available in *parts* of the following Massachusetts counties; contact the plan for more specific coverage information:

Bristol Plymouth

Monthly Rates as of January 1, 2009

See pages 11 and 14.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Tufts Health Plan Medicare Preferred

1.888.333.0880

www.tuftshealthplan.com

UNICARE STATE INDEMNITY PLAN/MEDICARE EXTENSION (OME)

Plan Overview

The UniCare State Indemnity Plan/Medicare Extension (OME) is a supplemental Medicare plan offering access to any licensed doctor or hospital throughout the United States and outside of the country. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by Express Scripts.

Benefits with CIC (Comprehensive) Effective July 1, 2009

Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.

- Physician Office Visit 100% after \$35 annual deductible
- Preventive Care 100% after \$5 per visit
- Retail Clinic 100% after \$35 annual deductible
- Network Outpatient Mental Health and Substance Abuse Care

(See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details) First four visits: 100%

Visits 5 and over: 100% after \$10 per visit

UBH also offers EAP services.

Inpatient Hospital Care

(maximum one deductible per person per calendar year quarter) 100% after \$50 deductible

Inpatient and Outpatient Surgery

100% within Massachusetts; call the plan for out-of-state details

■ Emergency Room

100% after \$25 copay per visit (waived if admitted)

Prescription Drug Copayments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$25	Tier 2: \$50
Tier 3: \$50	Tier 3: \$110

Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B are eligible, regardless of where they live.

Service Area

The UniCare State Indemnity Plan/Medicare Extension is available throughout the United States and outside of the country.

Monthly Rates as of July 1, 2009

See pages 11 and 14.

Plan Contact Information

Contact the plan for additional benefit information.

Medical Benefits:

UniCare

1.800.442.9300 www.unicarestateplan.com

Mental Health, Substance Abuse and EAP Benefits:

United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits:

Express Scripts

1.877.828.9744

FALLON COMMUNITY HEALTH PLAN DIRECT CARE

Plan Overview



Fallon Community Health Plan Direct Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals and other providers. There are no out-of-network benefits, with the exception of emergency care. Fallon Direct Care offers a selective network based at a geographically concentrated network of physician group practices, community hospitals, and medical facilities. Contact the plan to see if your provider is in the network.

Benefits Effective July 1, 2009

- Primary Care Physician Office Visit
 100% after \$10 per visit
 100% pediatric wellness visit
- Specialist Physician Office Visit 100% after \$20 per visit
- Retail Clinic 100% after \$10 per visit
- Outpatient Mental Health and Substance Abuse Care

100% after \$10 per visit

- Inpatient Hospital Care Medical (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year) 100% after \$200 per admission
- Outpatient Surgery (maximum four copays annually per person)
 100% after \$100 per occurrence
- High-Tech Imaging (e.g., MRI, PET and CT scans) (maximum one copay per day)
 100% after \$75 per scan
- Emergency Room 100% after \$75 per visit (waived if admitted)

Mail Order up to

Prescription Drug Copayments

Retail up to

30-day supply:	90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$25	Tier 2: \$50
Tier 3: \$50	Tier 3: \$110

Eligibility

Employees, Retirees, Survivors, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Fallon Community Health Plan Direct Care is available in the following Massachusetts counties:

Essex Middlesex

Fallon Community Health Plan Direct Care is available in *parts of* the following Massachusetts counties; contact the plan for more specific coverage information:

Bristol Plymouth Hampden Suffolk Hampshire Worcester

Norfolk

Monthly Rates as of July 1, 2009

See pages 12 and 14.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Fallon Community Health Plan 1.866.344.4442

www.fchp.org

FALLON COMMUNITY HEALTH PLAN SELECT CARE

Plan Overview



Fallon Community Health Plan Select Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower copays when they see Tier 1 or Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

Benefits Effective July 1, 2009

Primary Care Physician Diagnostic Office Visit

Fallon Community Health Plan tiers network Primary Care Physicians based on combined quality and efficiency standards.

- ★★★ Tier 1 (excellent): 100% after \$10 per visit
- ★★ Tier 2 (good): 100% after \$15 per visit
 - ★ Tier 3 (standard): 100% after \$25 per visit

Primary Care Physician Wellness Office Visit

- *** Tier 1 (excellent): 100% after \$10 per visit; 100% after \$0 pediatric visit
 - ** Tier 2 (good): 100% after \$15 per visit; 100% after \$5 pediatric visit
 - ★ Tier 3 (standard): 100% after \$25 per visit; 100% after \$10 pediatric visit

Specialist Office Visit

Fallon Community Health Plan tiers the following specialists based on combined quality and efficiency standards: Allergists/ Immunologists, Cardiologists, Endocrinologists, Gastroenterologists, Hematology Oncologists, Neurologists, Obstetrician/ Gynecologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists.

- *** Tier 1 (excellent): 100% after \$20 per visit
 - ★★ Tier 2 (good): 100% after \$30 per visit
 - ★ Tier 3 (standard): 100% after \$40 per visit
- Retail Clinic: 100% after \$15 per visit
- Outpatient Mental Health and Substance Abuse
 Care: 100% after \$15 per visit
- Inpatient Hospital Care Medical

(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year) 100% after \$250 per admission

- Outpatient Surgery (maximum four copays annually per person): 100% after \$125 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day): 100% after \$75 per scan
- **■** Emergency Room

100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Mail Order up to 90-day supply:
Tier 1: \$20
Tier 2: \$50
Tier 3: \$110

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Fallon Community Health Plan Select Care is available throughout the following Massachusetts counties:

Berkshire Hampshire
Bristol Middlesex
Essex Norfolk
Franklin Suffolk
Hampden Worcester

The Plan is available in *parts of* the following Massachusetts county; contact the plan for more specific coverage information:

Plymouth

Monthly Rates as of July 1, 2009

See pages 12 and 14.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Fallon Community Health Plan

1.866.344.4442

www.fchp.org

HARVARD PILGRIM INDEPENDENCE PLAN

Plan Overview



The Harvard Pilgrim Independence Plan, administered by Harvard Pilgrim Health Care, is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a copayment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges, after you pay a deductible. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

The plan also tiers hospitals based on quality and cost; members pay a lower inpatient hospital copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

In-Network Benefits Effective July 1, 2009

- Primary Care Physician Office Visit 100% after \$15 per visit
- Specialist Physician Office Visit

Harvard Pilgrim Health Care tiers the following Massachusetts specialists based on combined quality and efficiency standards: Allergists, Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetricians/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists.

- ★★★ Tier 1 (excellent): 100% after \$15 per visit
 - ★★ Tier 2 (good): 100% after \$30 per visit
 - ★ Tier 3 (standard): 100% after \$40 per visit
- Out-of-State Specialist Office Visit 100% after \$30 per visit
- Retail Clinic: 100% after \$15 per visit
- Outpatient Mental Health and Substance Abuse
 Care: 100% after \$15 per individual visit
- Inpatient Hospital Care Medical (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year) Harvard Pilgrim Health Care tiers its hospitals based on quality and cost:

Tier 1: 100% after \$250 per admission Tier 2: 100% after \$500 per admission Tier 3: 100% after \$750 per admission

- Outpatient Surgery (maximum four copays per person per calendar year): 100% after \$150 per occurrence
- High-Tech Imaging (e.g., MRI, PET and CT scans) (maximum one copay per day)
 100% after \$75 per scan
- Emergency Room 100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$25	Tier 2: \$50
Tier 3: \$50	Tier 3: \$110

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The Harvard Pilgrim Independence Plan is available throughout Massachusetts.

The plan is also available in the following other states:

Maine Rhode Island
New Hampshire

Coverage may be available in *some* cities and towns in the following states; contact the plan for more specific coverage information.

Connecticut Vermont
New York

Monthly Rates as of July 1, 2009

See page 12.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Harvard Pilgrim Health Care

1.800.542.1499 www.harvardpilgrim.org/gic

HEALTH NEW ENGLAND

Plan Overview



Health New England is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

Benefits Effective July 1, 2009

- Pediatric Physician Office Visit
 100% wellness office visit
 100% after \$15 per diagnostic visit
- Primary Care Physician Office Visit 100% after \$15 per visit
- Specialist Physician Office Visit

Health New England tiers the following specialists based on combined quality and efficiency standards: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, Obstetricians/Gynecologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists.

- ★★★ Tier 1 (excellent): 100% after \$20 per visit
- ★★ Tier 2 (good): 100% after \$30 per visit
 - ★ Tier 3 (standard): 100% after \$40 per visit
- Retail Clinic: 100% after \$15 per visit
- Outpatient Mental Health and Substance Abuse Care: 100% after \$15 per visit
- Inpatient Hospital Care Medical (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year) 100% after \$250 per admission
- Outpatient Surgery (maximum four copays annually per person)
 100% after \$100 per occurrence
- High-Tech Imaging (e.g., MRI, PET and CT scans) (maximum one copay per day)
 100% after \$75 per scan
- Emergency Room 100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail	up to	Mail O	rder up to
30-day	supply:	90-day	supply:
Tier 1:	\$10	Tier 1:	\$20
Tier 2:	\$25	Tier 2:	\$50
Tier 3:	\$50	Tier 3:	\$110

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Health New England is available throughout the following Massachusetts counties:

Berkshire Hampden Franklin Hampshire

Health New England is available in *parts of* the following Massachusetts county; contact the plan for more specific coverage information:

Worcester

Monthly Rates as of July 1, 2009

See pages 12 and 14.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Health New England 1.800.842.4464

www.hne.com

NAVIGATOR BY TUFTS HEALTH PLAN

Plan Overview



The Navigator Plan, administered by Tufts Health Plan, is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a copayment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges after you pay a deductible. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated. The plan also tiers hospitals based on quality and cost; members pay a lower inpatient hospital copay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs.

In-Network Benefits Effective July 1, 2009

- Primary Care Physician Office Visit 100% after \$15 per visit
- Specialist Physician Office Visit

Tufts Health Plan tiers the following Massachusetts specialists based on combined quality and efficiency standards: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetrician/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists.

- ★★★ Tier 1 (excellent): 100% after \$20 per visit ★★ Tier 2 (good): 100% after \$30 per visit
 - ★ Tier 3 (standard): 100% after \$40 per visit
- Out-of-State Specialist Office Visit
 100% after \$30 per visit
- Retail Clinic: 100% after \$15 per visit
- Outpatient Mental Health and Substance Abuse Care (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details): 100% after \$15 per visit UBH also offers EAP services.
- Inpatient Hospital Care Medical

(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year) Tufts Health Plan tiers its hospitals for adult medical/surgical services, obstetrics and pediatrics based on quality and cost.

Tier 1: 100% after \$300 per admission Tier 2: 100% after \$700 per admission

- Outpatient Surgery (maximum four copays per person per calendar year): 100% after \$150 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day): 100% after \$75 per scan
- Emergency Room 100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail up to		Mail Order up to	
30-day	supply:	90-day	supply:
Tier 1:	\$10	Tier 1:	\$20
Tier 2:	\$25	Tier 2:	\$50
Tier 3:	\$50	Tier 3:	\$110

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Navigator by Tufts Health Plan is available throughout the following Massachusetts counties:

Barnstable Hampshire
Berkshire Middlesex
Bristol Norfolk
Essex Plymouth
Franklin Suffolk
Hampden Worcester

The plan is also available in the following other state:

Rhode Island

Coverage may be available in *some* cities and towns of the following states; contact the plan for more specific coverage information.

Connecticut New York New Hampshire Vermont

Monthly Rates as of July 1, 2009

See page 12.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits:

Tufts Health Plan

1.800.870.9488

www.tuftshealthplan.com/gic

Mental Health, Substance Abuse and EAP Benefits:

United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

NHP CARE (Neighborhood Health Plan)

Plan Overview



NHP Care, administered by Neighborhood Health Plan, is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower office visit copays when they see Tier 1 and Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

Benefits Effective July 1, 2009

Primary Care Physician Office Visit

Neighborhood Health Plan tiers network Primary Care Physicians based on combined quality and efficiency standards.

- *** Tier 1 (excellent): 100% after \$10 per visit
 - ★★ Tier 2 (good): 100% after \$20 per visit
 - ★ Tier 3 (standard): 100% after \$25 per visit

Specialist Physician Office Visit

Neighborhood Health Plan tiers the following specialists based on combined quality and efficiency standards: Cardiologists, Endocrinologists, Gastroenterologists, Obstetrician/Gynecologists, Otolaryngologists (ENTs), Orthopedic Specialists, Pulmonologists, and Rheumatologists.

- *** Tier 1 (excellent): 100% after \$20 per visit
- ★★ Tier 2 (good): 100% after \$30 per visit
 - ★ Tier 3 (standard): 100% after \$40 per visit
- Retail Clinic: 100% after \$15 per visit

Outpatient Mental Health and Substance **Abuse Care**

100% after \$20 per visit

Inpatient Hospital Care – Medical

(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)

100% after \$250 per admission

- Outpatient Surgery (maximum four copays annually per person) 100% after \$100 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day) 100% after \$75 per scan

Emergency Room

Potail up to

100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$25	Tier 2: \$50
Tier 3: \$50	Tier 3: \$110

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

NHP Care is available in the following Massachusetts counties:

Bristol Norfolk Suffolk Essex Hampden Worcester

Middlesex

NHP Care is available in parts of the following Massachusetts county; contact the plan for more specific coverage information:

Plymouth

Monthly Rates as of July 1, 2009

See pages 12 and 14.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

NHP Care (Neighborhood Health Plan) 1.800.462.5449 www.nhp.org

UNICARE STATE INDEMNITY PLAN/BASIC

Plan Overview



The UniCare State Indemnity Plan/Basic offers access to any licensed doctor or hospital throughout the United States and outside of the country. Your copays are determined by your choice of physician. Massachusetts members pay lower office visit copays when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated. The plan determines "allowed amounts" for out-of-state providers; you may be responsible for a portion of the total charge. To avoid these additional provider charges, if you use non-Massachusetts doctors or hospitals, contact the plan to find out which doctors and hospitals in your area participate in UniCare's national network of providers. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by Express Scripts.

Benefits with CIC (Comprehensive) Effective July 1, 2009

Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.

UniCare tiers Massachusetts physicians based on combined quality and efficiency standards.

- Primary Care Physician Office Visit
 - ★★★ Tier 1 (excellent): 100% after \$10 per visit
 - ★★ Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$30 per visit
- Specialist Office Visit
 - *** Tier 1 (excellent): 100% after \$15 per visit
 - ★★ Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$35 per visit
- Out-of-State Primary Care Physician and Specialist Office Visit: 100% after \$25 per visit
- Retail Clinic: 100% after \$15 per visit
- Network Outpatient Mental Health and Substance Abuse Care (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details): 100% after \$15 per visit UBH also offers EAP services.
- Inpatient Hospital Care Medical (maximum one deductible per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year) 100% after \$200 deductible
- Outpatient Surgery (maximum one deductible per person per calendar year quarter)
 100% after \$100 deductible
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day) 100% after \$75 per scan
- Emergency Room 100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail	up to	Mail O	rder up to
30-day	supply:	90-day	supply:
Tier 1:	\$10	Tier 1:	\$20
Tier 2:	\$25	Tier 2:	\$50
Tier 3:	\$50	Tier 3:	\$110
	•		•

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible, regardless of where they live.

Service Area

The UniCare State Indemnity Plan/Basic is the only Non-Medicare plan offered by the GIC that is available throughout the United States and outside of the country.

Monthly Rates as of July 1, 2009

See pages 12 and 14.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits:

UniCare

1.800.442.9300 www.unicarestateplan.com

Mental Health, Substance Abuse and EAP Benefits:

United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits:

Express Scripts

1.877.828.9744

UNICARE STATE INDEMNITY PLAN/COMMUNITY CHOICE

Plan Overview

The UniCare State Indemnity Plan/Community Choice is a PPO-type plan that does not require members to select a Primary Care Physician (PCP). The plan offers access to all Massachusetts physicians. Members receive greater benefits when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated.

Hospital care copays and deductibles are determined by the type of treatment. For most procedures, members receive the highest benefit when choosing one of the plan's hospitals, most of which are community hospitals. For a few complex procedures, additional hospitals are available at the highest benefit. Otherwise, members pay a higher hospital deductible when they seek care from a hospital that is not in the plan. Contact the plan to see if the hospitals you are likely to use are Community Choice hospitals. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-ofnetwork providers at higher out-of-pocket costs. Prescription drug benefits are administered by Express Scripts.

In-Network Benefits Effective July 1, 2009

UniCare tiers Massachusetts physicians based on combined quality and efficiency standards.

Primary Care Physician Office Visit

- ★★★ Tier 1 (excellent): 100% after \$10 per visit ★★ Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$30 per visit

Specialist Office Visit

- ★★★ Tier 1 (excellent): 100% after \$20 per visit ★★ Tier 2 (good): 100% after \$25 per visit ★ Tier 3 (standard): 100% after \$40 per visit
- Retail Clinic: 100% after \$15 per visit
- Outpatient Mental Health and Substance **Abuse Care** (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details): 100% after \$15 per visit

UBH also offers EAP services.

Inpatient Hospital Care – Medical

(maximum one deductible per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year): 100% after \$250 deductible

- Outpatient Surgery (maximum one deductible per person per calendar year quarter) 100% after \$100 deductible
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day): 100% after \$75 per scan

Emergency Room

100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$25	Tier 2: \$50
Tier 3: \$50	Tier 3: \$110

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The UniCare State Indemnity Plan/Community Choice is available in the following Massachusetts counties:

Barnstable	Hampshire
Berkshire	Middlesex
Bristol	Norfolk
Essex	Plymouth
Franklin	Suffolk
Hampden	Worcester

Monthly Rates as of July 1, 2009

See page 12.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits:

UniCare

1.800.442.9300 www.unicarestateplan.com

Mental Health, Substance Abuse and EAP Benefits:

United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits:

Express Scripts

1.877.828.9744

UNICARE STATE INDEMNITY PLAN/PLUS

Plan Overview



The UniCare State Indemnity Plan/PLUS is a PPO-type plan that does not require members to select a Primary Care Physician (PCP). The plan provides access to all Massachusetts physicians and hospitals at 100% coverage less a copayment. Out-of-state non-UniCare providers have 80% coverage of reasonable and customary charges after you pay a deductible. Members pay lower office visit copays when they see Tier 1 and Tier 2 physicians. Contact the plan to see how your physician is rated. The plan also tiers hospitals based on quality and cost; members pay a lower inpatient hospital and outpatient surgery copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by Express Scripts.

In-Network Benefits Effective July 1, 2009

UniCare tiers Massachusetts physicians based on combined quality and efficiency standards.

- Primary Care Physician Office Visit
 - ★★★ Tier 1 (excellent): 100% after \$10 per visit
 - ★★ Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$30 per visit
- Specialist Office Visit
 - ★★★ Tier 1 (excellent): 100% after \$20 per visit
 - ★★ Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$40 per visit
- Out-of-State Primary Care Physician and Specialist
 Office Visit: 100% after \$25 per visit
- Retail Clinic: 100% after \$15 per visit
- Outpatient Mental Health and Substance Abuse Care (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details)
 100% after \$15 per visit. UBH also offers EAP services.

UniCare tiers hospitals based on quality and cost.

■ Inpatient Hospital Care – Medical (maximum one deductible per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)

Tier 1: 100% after \$250 deductible

Tier 2: 100% after \$500 deductible

Tier 3: 100% after \$750 deductible

UniCare's outpatient surgery deductible is based on the hospital's tier, with Tier 1 and Tier 2 hospitals having the same outpatient surgery deductible.

- Outpatient Surgery (maximum one deductible per person per calendar year quarter)
 - Tier 1 and Tier 2: 100% after \$100 per occurrence; Tier 3: 100% after \$250 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day): 100% after \$75 per scan
- Emergency Room: 100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail up to 30-day supply:		Mail Order up to 90-day supply:		
Tier 1:	\$10	Tier 1:	\$20	
Tier 2:	\$25	Tier 2:	\$50	
Tier 3:	\$50	Tier 3:	\$110	

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The UniCare State Indemnity Plan/PLUS is available throughout Massachusetts.

The plan is also available in the following other states:

Maine

Rhode Island

New Hampshire

Coverage may be available in *some* cities and towns of the following state; contact the plan for more specific coverage information:

Connecticut

Monthly Rates as of July 1, 2009

See page 12.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits:

UniCare

1.800.442.9300

www.unicarestateplan.com

Mental Health, Substance Abuse and EAP Benefits:

United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits:

Express Scripts

1.877.828.9744

Life Insurance

Life insurance, insured by The Hartford Life and Accident Company, helps provide for your family's economic well-being in the event of your death. This benefit is paid to your designated beneficiaries.

GIC Retired Municipal Teachers (RMTs) are eligible for basic life insurance only in an amount determined by the city or town from which they retire. *See page 13 for details*.

Survivors, Elderly Governmental Retirees (EGRs), COBRA enrollees, and retirees in the GIC municipal health-only program are not eligible for GIC basic or optional life insurance.

Basic Life Insurance

(Retired State Employees Only)

The Commonwealth requires \$5,000 of Basic Life Insurance for most retirees who have health coverage through the GIC.

Optional Life Insurance After Retirement

(Retired State Employees Only)

At retirement, you should review the amount of your optional life insurance coverage and its cost to determine whether it makes economic sense for you to maintain it. Optional life insurance rates significantly increase when you retire and continue to increase based on your age. If you have paid off your home and student loans, your tax advisor might recommend other programs that might be more beneficial. You cannot increase your amount of life insurance after you retire. However, if you decrease coverage and then later want to increase up to the amount you carried at the time of retirement, you may do so with proof of good health acceptable to The Hartford.

Optional Life Insurance Non-Smoker Benefit (Retired State Employees Only)

During annual enrollment, retired state employees who have been tobacco-free (have not smoked cigarettes, cigars or pipes nor used snuff or chewing tobacco) for at least the past 12 months are eligible for reduced Optional Life Insurance rates effective July 1, 2009. Request an enrollment form by writing to the GIC, visiting us at a health fair, or downloading it from our website. You will be required to periodically re-certify your non-smoking status in order to qualify for the lower rates.



Accelerated Life Benefit

(Retired State Employees and GIC RMTs Only)

This benefit provision allows you to elect an advance payment of up to 75% of your life insurance death benefits if you have been diagnosed with a terminal illness. Insured employees are eligible for this benefit if the attending physician provides satisfactory evidence that you have a life expectancy of 12 months or less. You must continue to pay the required monthly premium.

The remaining balance is paid to your beneficiary at death.

Life Insurance and AD&D Questions? **Contact the GIC:** 1.617.727.2310 ext. 1 www.mass.gov/gic

Accidental Death & Dismemberment (AD&D) Benefits

(Retired State Employees and GIC RMTs with \$2,000 or more Basic Life Only)

In the event you are injured or die as a result of an accident while insured for life insurance, there are benefits for the following losses:

- Life
- Hands, Feet, Eyes
- Speech and/or Hearing
- Thumb and Index Finger of the Same Hand
- Quadriplegia
- Paraplegia
- Hemiplegia
- Coma
- Brain Damage
- Added benefits for loss of life while using an airbag or seatbelt



GIC Retired Municipal Teachers with Basic Life Insurance of \$1,000 do not have Accidental Death & Dismemberment benefits.

STATE RETIREE OPTIONAL LIFE INSURANCE RATES – Monthly GIC Plan Rates as of July 1, 2009 Including Accidental Death & Dismemberment

RETIREE SMOKER RATE RETIREE NON-SMOKER RATE RETIRED STATE EMPLOYEE Pays Monthly Pays Monthly

AGE	Per \$1,000 of Coverage	Per \$1,000 of Coverage
Under Age 70	\$ 1.63	\$ 1.21
70 – 74	3.04	2.33
75 – 79	7.61	5.82
80 – 84	14.36	10.97
85 – 89	22.74	17.37
90 – 94	32.61	26.40
95 – 99	71.23	57.64
Ages 100 and over	136.57	110.51

GIC Retiree Dental Plan

Metropolitan Life Insurance Company (MetLife) is the provider of the GIC Retiree Dental Plan. The plan offers a fixed reimbursement for dental services, such as examinations, cleanings, fillings, crowns and dentures.

As a member of this plan, you may go to the dentist of your choice. However, you will save money by visiting one of the over 119,000 nationwide participating providers. When you visit a participating provider, your out-of-pocket expenses will generally be lower and if you exceed the annual calendar year maximum, you will continue to receive discounted rates.

This is an entirely voluntary plan (*retiree-pay-all*) that provides GIC members with coverage at discounted group insurance rates through convenient pension deductions.

Enrollment

All state retirees, Elderly Governmental Retirees (EGRs), survivors and GIC Retired Municipal Teachers (RMTs who do not participate in the municipal health-only program) are eligible for the GIC Retiree Dental Plan. Eligible retirees may join during annual enrollment, when COBRA dental coverage ends, when they become a survivor of a GIC member, or at retirement. *However, if you have ever dropped coverage, you can never re-enroll in the plan.* Participants will be eligible for major restorative dental services, like crowns or dentures, after six months of participation.

GIC RETIREE DENTAL PLAN

Monthly GIC Plan Rates as of July 1, 2009

\$850 Maximum Annual Benefit per Member

COVERAGE TYPE	RETIREE PAYS MONTHLY	
SINGLE	\$23.93	
FAMILY	\$57.64	

Retiree Dental Questions?
Contact MetLife: 1.866.292.9990
www.metlife.com/gic

GIC Retiree Vision Discount Plan

The GIC Retiree Vision Discount Plan, provided by Davis Vision, offers considerable savings on a number of vision services and products. The plan is available at any of the over 16,000 participating Davis Vision providers throughout the United States. However, you must call Davis Vision before visiting the provider's office in order to participate. The plan provides discounts on eye examinations, frames, spectacle lenses and contact lenses. In addition, all eyeglasses purchased through the Retiree Vision Plan are covered by a two-year unconditional warranty against breakage at no additional cost.

Retiree Vision Questions?
Contact Davis Vision: 1.800.224.1157
www.davisvision.com (control code: 7621)

Health Insurance Buy-Out

If you were insured with the GIC on January 1, 2009 or before and continue your coverage through June 30, 2009, you may buy out your health plan coverage during annual enrollment. You must have other non-state health insurance coverage that is comparable to the health insurance you now receive through the Group Insurance Commission.

Under the buy-out plan, eligible enrollees receive 25% of the full cost monthly premium in lieu of health insurance benefits for one 12-month period. The amount of payment depends on your health plan and coverage.

FOR EXAMPLE:

Retiree with UniCare State Indemnity Plan/ Medicare Extension (OME) individual coverage

Full cost premium on July 1, 2009: \$341.23 Monthly 12-month benefit = 25% of this

premium

Retiree receives 12 monthly checks of (before federal and state tax deductions)

\$85.31

Buy-Out Questions?

Contact the GIC: 617.727.2310 ext. 1

www.mass.gov/gic



Attend a Health Fair

Attend one of the GIC's health fairs to:

- Speak with health and other benefit plan representatives
- Pick up detailed materials and provider directories
- Ask GIC staff about your benefit options
- Take advantage of complimentary health screenings

See page 35 for the schedule.

Inscripción Anual

La inscripción anual tendrá lugar a partir del 13 de Abril hasta el 15 de Mayo del 2009. Durante dicho período, usted como (empleado o jubilado del estado) tendrá la oportunidad de cambiar su seguro de salud. Si desea mantener los beneficios del seguro de salud que actualmente tiene no hace falta que haga nada. Su cobertura continúa en forma automática.

Usted deberá permanecer al plan de salud que seleccionó hasta el próximo período de inscripción anual aunque su médico o hospital se salgan del plan, a menos que usted se mude fuera del área de servicio.

Los cambios de cobertura entrarán en vigencia el 1 de Julio del 2009. Para obtener más información, sírvase llamar a Group Insurance Commission (Comisión de Seguros de Grupo) al 617.727.2310, extensión 1. Hay empleados que hablan Español que le ayudarán.

年度登記

年度登記在2009年4月13日開始,於5月15日結束。 你可以利用這段時間改變你的醫療保險計劃。如 果你希望保持你現有的保險計劃,則不必在此期 間做任何事,你的保險計劃將自動延續。

如果你的醫師或是醫院退出你所選的醫療保險計 劃,你必須保持你現有的保險計劃直到下一個登 記年度才可以更改。若是你在期間搬出你現有 的保險計劃服務區域,就另當別論了。

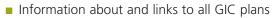
你的計劃改變在2009年7月1日生效。如有問題,請打電話給 Group Insurance Commission。電話號碼是 617.727.2310 ,轉分機 1。

Our Website Provides Additional Helpful Information

www.mass.gov/gic

See our website for:

- Benefit Decision Guide content in HTML and XMLaccessible formats
- The latest annual enrollment news
- Forms to expedite your annual enrollment decisions



- Answers to frequently asked questions
- GIC publications including the *Benefits At-A-Glance* brochures and our *For Your Benefit* newsletter
- United Behavioral Health At-A-Glance charts for mental health and substance abuse benefits for UniCare State plans and Navigator by Tufts Health Plan members
- Health articles and links to help you take charge of your health



Việc ghi danh hàng năm bắt đầu vào ngày 13 tháng Tư và chấm dứt vào ngày 15 tháng Năm, 2009. Trong khoảng thời gian này quý vị có cơ hội để thay đổi chương trình sức khỏe. Nếu muốn giữ chương trình sức khỏe hiện tại của mình, quý vị không cần phải làm gì cho việc ghi danh hàng năm. Bảo hiểm của quý vị sẽ tự động tiếp tục.

Nếu bác sĩ hoặc bệnh viện của quý vị không còn tham gia trong chương trình mà quý vị chọn, quý vị phải giữ chương trình sức khỏe của mình cho đến lần ghi danh công khai hàng năm kế tiếp, trừ khi quý vị dọn ra khỏi khu vực phục vụ của chương trình.

Những thay đổi của quý vị sẽ có hiệu lực vào ngày 1 tháng Bảy, 2009. Nếu có bất cứ thắc mắc nào, xin gọi Group Insurance Commission tại số 617.727.2310, số chuyển tiếp 1.



1350 West Street PITTSFIELD

MAY 2009 APRIL 2009 FRIDAY FRIDAY 3:00-6:00 12:00-4:30 Springfield Central High School (Cafeteria) **Hibernian Hall** 1840 Roosevelt Avenue 151 Watertown Street **SPRINGFIELD** WATERTOWN **SATURDAY SATURDAY** 11:30-4:00 11:00-2:00 Randolph High School Gymnasium **Northshore Community College** 70 Memorial Drive Frederick E. Berry Building **RANDOLPH** One Ferncroft Road **DANVERS TUESDAY** 11:00-2:00 **MONDAY** 11:00-4:00 **Quinsigamond Community College** Library/Learning Center, Room 109 Weymouth High School Gymnasium 670 West Boylston Street One Wildcat Way WORCESTER **WEYMOUTH** 23 THURSDAY **TUESDAY** 11:00-2:00 10:00-2:00 **Wrentham Developmental Center McCormack State Office Building Graves Auditorium** One Ashburton Place, 21st Floor Littlefield Street **BOSTON WRENTHAM THURSDAY** 12:00-4:00 24 FRIDAY 1:00-4:00 **Groton-Dunstable Regional School Middlesex Community College** Gymnasium Cafeteria 703 Chicopee Row **GROTON** 591 Springs Road **BEDFORD FRIDAY** 11:00-4:00 **SATURDAY** 11:00-2:00 **Norwood Civic Center Gymnasium Mass Maritime Academy** 165 Nahatan Street **Baystate Conference Center NORWOOD** Academy Drive **BUZZARDS BAY SATURDAY** 10:00-3:00 **Sacred Heart School MONDAY** 11:30-4:00 384 Hancock Street **Memorial Hall** QUINCY 590 Main Street **MELROSE MONDAY** 12:00-4:00 **Holyoke Community College TUESDAY** 1:00-5:00 **Bartley Center Swampscott High School Gymnasium** 303 Homestead Avenue 200 Essex Street HOLYOKE **SWAMPSCOTT TUESDAY** 10:00-2:00 **WEDNESDAY** 12:00-5:30 **U-Mass Amherst Berkshire Community College** Student Union Ballroom Paterson Field House **AMHERST**

39-Week Layoff Coverage – allows laid-off employees to continue their group health and life insurance for up to 39 weeks (about 9 months) by paying the full cost of the premium.

CIC (Catastrophic Illness Coverage) – an optional part of the UniCare State Indemnity Plan/Basic and Medicare Extension (OME) plans. CIC increases the benefits for most covered services to 100%, subject to deductibles and copayments. It is a Commonwealth of Massachusetts enrollee-pay-all benefit. Enrollees without CIC receive only 80% coverage for some services and pay higher deductibles. Over 99% of current Basic and Medicare Extension Plan members select CIC.

COBRA (Consolidated Omnibus Budget Reconciliation Act) – a federal law that allows enrollees to continue their health coverage for a limited period of time after their group coverage ends as the result of certain employment or life event changes.

CPI (Clinical Performance Improvement)
Initiative – a GIC program which seeks to improve health care quality while containing costs for the Commonwealth and our members. Claims data from all six GIC health plans were aggregated to identify differences in physician quality and cost-efficiency, and this information was given back to the plans to develop benefit designs. GIC members are subsequently rewarded with modest copay incentives when they use higher-performing providers. Plans that use combined quality and efficiency standards to develop tiered networks are designated as Select & Save plans.

Deferred Retirement – allows you to continue your group health insurance after you leave state service until you begin to collect a pension. Until you receive a retirement allowance, you will be responsible for the entire life and health insurance premium costs, for which you are billed directly. If you withdraw your pension money, you are not eligible for GIC coverage.

GIC (Group Insurance Commission) – a quasiindependent state agency governed by a 15-member commission appointed by the Governor. It provides and administers health insurance and other benefits for the Commonwealth's employees and retirees, and their dependents and survivors. The GIC also covers housing and redevelopment authority personnel, certain municipalities, and retired municipal teachers in particular cities and towns.

HMO (Health Maintenance Organization) – a health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. HMOs do not offer out-of-network benefits

Networks – groups of doctors, hospitals and other health care providers who contract with a benefit plan. If you are in a plan that offers network and non-network coverage, you will receive the maximum level of benefits when you are treated by network providers.

PCP (Primary Care Physician) – includes physicians with specialties in internal medicine, family practice, and pediatrics. For HMO members, you must select a PCP to coordinate your health care.

PPO (Preferred Provider Organization) – a health insurance plan that offers coverage by network doctors, hospitals, and other health care providers, but also provides a lower level of benefits for treatment by out-of-network providers. A PPO plan does not require the selection of a Primary Care Physician.

For more information about specific plan benefits, call a plan representative.

Be sure to indicate you are a GIC insured.

HEALTH INSURANCE				
Fallon Community Health Plan Direct Care Select Care Senior Plan	1.866.344.4442	www.fchp.org		
Harvard Pilgrim Health Care Independence Plan Medicare Enhance	1.800.542.1499	www.harvardpilgrim.org/gic www.harvardpilgrim.org		
Health New England HMO MedPlus	1.800.842.4464	www.hne.com		
Neighborhood Health Plan NHP Care	1.800.462.5449	www.nhp.org		
Tufts Health Plan	1.800.870.9488	www.tuftshealthplan.com/gic		
NavigatorMental Health/Substance Abuse and EAP (United Behavioral Health)	1.888.610.9039	www.liveandworkwell.com (access code: 10910)		
Medicare Complement Medicare Preferred	1.888.333.0880	www.tuftshealthplan.com		
UniCare State Indemnity Plan/ Basic Community Choice Medicare Extension (OME) PLUS For all UniCare Plans	1.800.442.9300	www.unicarestateplan.com		
 Prescription Drugs (Express Scripts) Mental Health/Substance Abuse and EAP (United Behavioral Health) 	1.877.828.9744 1.888.610.9039	www.express-scripts.com www.liveandworkwell.com (access code: 10910)		
OTHER BENEFITS				
GIC Retiree Dental Plan (MetLife)	1.866.292.9990	www.metlife.com/gic		
GIC Retiree Vision Discount Plan (Davis Vision)	1.800.224.1157	www.davisvision.com (control code: 7621)		
Life/AD&D Insurance (The Hartford) Contact the GIC	1.617.727.2310 ext. 1	www.mass.gov/gic		
ADDITIONAL RESOURCES				
Internal Revenue Service (IRS)	1.800.829.1040	www.irs.gov		
Massachusetts Teachers' Retirement System	1.617.679.6877 (Eastern MA) 1.413.784.1711 (Western MA)	www.mass.gov/mtrs		
Medicare	1.800.633.4227	www.medicare.gov		
Social Security Administration	1.800.772.1213	www.ssa.gov		
State Board of Retirement	1.617.367.7770	www.mass.gov/treasury/srb.htm		



P.O. Box 8747 • Boston, MA 02114-8747

PRSRT. STD.
U.S. POSTAGE
PAID
HARTFORD, CT
PERMIT NO. 2850

Commonwealth of Massachusetts

Deval L. Patrick, Governor

Timothy P. Murray, Lieutenant Governor

Group Insurance Commission

Dolores L. Mitchell, Executive Director 19 Staniford Street, 4th Floor Boston, Massachusetts

Telephone: 617.727.2310

TDD/TTY: 617.227.8583

MAILING ADDRESS

Group Insurance Commission P.O. Box 8747 Boston, MA 02114-8747

Website: www.mass.gov/gic

COMMISSIONERS

Thomas A. Shields, Chair

Richard E. Waring (NAGE), Vice Chair

Suzanne Bailey, Designee for Nonnie S. Burnes, Commissioner, Division of Insurance

Harris A. Berman, M.D.

Mary Ann Bradley, Designee for Leslie A. Kirwan, Secretary of Administration and Finance

Theron R. Bradley

Stephen B. Chandler (Local 5000, S.E.I.U., NAGE)

David M. Cutler (Health Economist)

J. Mark Enriquez

David R. Handy

Karen Hathaway (Council 93, AFSCME, AFL-CIO)

Richard J. Kelliher (Massachusetts Municipal Association)

Mark P. Kritzman

Anne M. Paulsen (Retiree Member)

Paul F. Toner (Massachusetts Teachers Association)